

Johns Hopkins Hospital
Johns Hopkins Bayview Medical Center
Howard County General Hospital
Sibley Memorial Hospital
Suburban Hospital
3910 Keswick Rd, Suite S-5100
Baltimore, MD 21211



Johns Hopkins Health System
Financial Assistance Application Requirements

Patient Name:
Medical Record Number
Reference Accounts:

Dear:

You or a family member requested a reduction on their bills related to care provided by The Johns Hopkins Medical Institution and its affiliated hospitals, we would like to assist with your request by conducting a reasonable assessment based on your current financial status. Please note that financial assistance does not apply to Elective, Non-Emergent Services, and is not applicable for non-essential services such as cosmetic surgery, convenience items, and private room accommodations. Non-residents of Maryland will only be considered based on special circumstances. All financial resources must be used before the Financial Assistance can be applied. This includes insurance, Medical Assistance, and all other entitlement programs for which the patient may qualify. If we determine that you are potentially eligible for Maryland Medical Assistance through the Department of Social Services ("DSS"), you will be required to apply for such assistance and provide a written denial from DSS before being considered for financial assistance. The income levels used to determine eligibility are based on the Federal Poverty Guidelines. We cannot guarantee that your financial status will justify a reduction on balances owed, but we will make every effort to work with you in trying to resolve your account(s).

Financial Assistance does not cover:

- Charges for which a judgment has been entered by a court
- Pending third party liability claims such as worker's compensation, auto accident cases, etc...
- Services that would be covered by insurance if at another healthcare facility (you must comply with all insurance requirements to obtain coverage through our program) or for which you chose to not have your insurance billed
- Physician bills and bills from other providers such as ambulance, radiology, labs, etc... (You need to contact them directly.)

In order to expedite your request, we will need you to provide us with all required information no later than *twenty days* from receipt of this letter. Please complete the attached forms and return them along with the documentation as indicated below. If for any reason this cannot be completed within the allotted time frame, please contact (443) 997-0159 or (443) 997-3626 to communicate any questions or concerns, or send an Email to grp-PFSFin.AsstInquiries. Fax No: (443) 997-0026

Forms to include:

1. Maryland State Uniform Financial Assistance Application (attached)
2. Patient Profile Questionnaire (attached)
3. Medical Financial Hardship Application (attached), complete if medical expenses incurred over 12 months is greater than 25% of family income

Documentation to include:

1. Copy of last year's tax returns. (If married and filed separately, please provide copies of both returns).
2. Copy of your last three (3) pay stubs, letter from employer or proof of unemployment status.
4. Copy of social security award letter (if applicable)
5. Copy of the determination letter from Medical Assistance or Social Security.
6. Proof of monthly living expenses as recorded on your application such as copies of phone bills, BG&E bills, or rent/mortgage payments.
7. Copies of unpaid medical expenses.
8. Copy of all medical insurance cards.
9. Proof of U.S. citizenship such as an identification card, driver's license, birth certificate or proof of lawful permanent residence status (green card).